Patent Case No. 20869



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMINE.	
In re application of: Iliff, et al.	
Serial No.: 09/928,679	
Filed: August 13, 2001	
Group Art Unit: 3764	
Examiner: M. A. Brown	
For: SAFETY SHIELD	
<u>PETITION FOR EXTENS</u>	ION OF TIME UNDER § 1.136(a)
Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450	
Applicant(s) hereby petition(s) to the Commissioner for F statutory period for replying to the outstanding Office Action day A response to said Action is (is not) attached hereto.	
Please charge the following fee to Deposit Account No.	13-2755:
\$110 First Month Extension	
\$430 Second Month Extension	
\$980 Third Month Extension	
\$1530 Fourth Month Extension	
\$2080 Fifth Month Extension	
The Commissioner is hereby authorized to charge any ada any overpayment to Deposit Account 13-2755. Duplicate copie	ditional fees which may be required, or credit es of this sheet are enclosed.
I haraby cartify that this correspondence to helps	Respectfully,
I hereby certify that this correspondence is being deposited with the United States Postal Service as	Patring a. Shatimake
first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450.	By: Patricia A. Shatynski
Alexandria, Virginia 22313-1450, on the date appearing below.	Attorney For Applicant(s)
MERCK & CO., INC.	Reg. No. 43,109 MERCK & CO., INC.
By Luisa Town Date 11/16/04	Patent Dept., RY60-30
/19/2004 HVUONG1 00000036 132755 09928679	P.O. Box 2000 Rahway, N.J. 07065-0907
FC:1251 110.00 DA	(732) 594- <u>1652</u>
IN DUPLICATE	Date: November 16, 2004

Approved for use through 07/31/2006. OMB 0651-0032 U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE SUBSTITUTE for PTO/SB/17(10-03)"FEE TRANSMITTAL for FY 2004"

	TIPA	•	SUBSTITUTE for PTO/SB/17(10-03)"FEE TRANSMITTAL for FY 2004"			
TEE TRANSMITTAL		Complete if Known				
		Application Number	09/928,679			
	lov 1'8 2004 @)		Filing Date	August 13, 2001		
3			First Named Inventor	Iliff		
Patent fees are subject to annual revision. TOTAL AMOUNT OF PAYMENT \$110	Examiner Name	M. A. Brown				
		Group Art Unit	3764			
	TOTAL AMOUNT OF PAYMENT	\$110	Attorney Docket Number	20869		

	METHOD OF PAYMENT	FEE CALCULATION (continued)			
Deposit Account		3. ADDITIONAL FEES			
			Large Entity		Fee Paid
Number	13-2733	Fee Code	Fee (\$)	Fee Description	ree Paid
Deposit Accour Name	Merck & Co., Inc.	1051	130	Surcharge - late filing fee or oath	
The Director is	s authorized to:	1053	130	Non-English specification	
Charge fee(s) indicated below Credit any overpayments		1812	2,520	For filing a request for ex parte reexamination	
Charge any additional fee(s) during the pendency of this application		1251	110	Extension for reply within first month	110
		1252	430	Extension for reply within second month	
	FEE CALCULATION	1253	980	Extension for reply within third month	
1. BASIC FILI	NG FEE	1254	1,530	Extension for reply within fourth month	
Large Entity Fee Fee	Fee Description Fee Paid	1255	2,080	Extension for reply within fifth month	
Code (\$)	[1401	340	Notice of Appeal	
1001 790	Utility filing fee	1402	340	Filing a brief in support of an appeal	
1002 350	Design filing fee	1403	300	Request for oral hearing	
1004 790	Reissue filing fee	1452	110	Petition to revive - unavoidable	
1005 160	Provisional filing fee	1453	1,370	Petition to revive - unintentional	
	SUBTOTAL(1) \$0	1501	1,370	Utility issue fee (or reissue)	
		1502	490	Design issue fee	
2. EXTRA CLAIM FEES Extra Fee from Fee Paid		1460	130	Petitions to the Commissioner	
Transl Chaires	pelow	1807	50	Processing fee under 37 CFR 1.17(q)	
Total Claims Independent Claims	- 20 ** = 0 x \$18 = 0 - 3 ** = 0 x \$88 = 0	1806	180	Submission of Information Disclosure Statement	
Multiple Dependent Claims \$300 = 8021 40 Recording each patent assignment per property (times number of properties)					
**or number previou Large Entity Fee Fee	ssly paid, if greater; For Reissues, see below Fee Description	1809	790	Filing a submission after final rejection (37 CFR 1.129(a))	
Code (\$) 1202 18	Claims in excess of 20	1810	790	For each additional invention to be examined (37 CFR 1.129(b))	
1201 88	Independent claims in excess of 3	1801	790	Request for Continued Examination	
1203 300	Multiple dependent claim, if not paid			(RĈE)	-
1204 88 **Reissue independent claims over original patent O			ee (speci	fy) ————————————————————————————————————	-
1205 18	**Reissue claims in excess of 20 and over original patent	Other fee (specify)			
	SUBTOTAL(2) SUBTOTAL(3) \$1				

SUBMITTED BY				Compl	Complete (if applicable)	
Typed or Printed Name	71 FAUICIA A. SHALVIISKI				43,109	
Signature	Patricia a Shatmaki	Date	11/16/2004	Deposit Account User ID		